

**ASSEMBLY BILL (AB) 74**  
**COUNTY WELFARE DEPARTMENT FAMILY STABILIZATION (FS) PLAN**

COUNTY WELFARE DEPARTMENT (CWD):

DATE:

**CWD CONTACT INFORMATION**

NAME/POSITION:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

Please describe how your CWD plans to utilize funds allocated for the FS Program and include responses to the following nine categories. There is an additional text box to enter other information about your FS program if needed. The text boxes will accept up to 1,000 characters of text. If more space is needed you may also submit attachments to accommodate the additional information. You may also attach any materials that address each of the areas below if the materials can be converted to a pdf format for posting to the CDSS website (i.e. not scanned copies).

Please indicate the date your CWD will begin offering an FS program:

What types of services will be provided under the FS program?

- ☐ Homelessness
- ☐ Mental Health
- ☐ Substance Abuse
- ☐ Domestic Violence
- ☐ Other, please list \_\_\_\_\_

How will clients be informed of the FS program?

How will clients be able to request participation in the FS program?

How will the county determine which clients will be selected for the FS program?

---

---

How will the county notify the clients that are participating in the FS program?

---

How often will county staff contact FS families?

---

How will FS Intensive Case Management differ from general Case Management?

---

What types of partnerships will you develop for your FS Program? (i.e. Community based organizations, non-profits, etc.)

---

What strategies will you use to link clients with these providers?

---

What strategies does your CWD have to transition clients to WTW?

---

How does the FS program compliment or enhance your current services?

---

---

Please include any other components of your FS program not covered above:

---

Please fill out this form electronically and submit to [FSProgram@dss.ca.gov](mailto:FSProgram@dss.ca.gov)

Note: CWDs must submit their plans no later than 30 days after implementation of their FS Programs. CDSS may request subsequent submittals of AB 74 FS Plans from CWDs depending on the needs of the program.

---

---